**Required elements for the Family Cost Share (FCS) Adjustment**

**Instructions**

Left Column: Required elements for the FCS Adjustment form are listed in the left column of this chart. Each required element must be printed on the FCS Adjustment as written, and in the order presented.

Right Column: Instructions for completing the elements and technical assistance for the consent are in the right column.

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| **Required Element** | **Instructions for Completing the Elements** |
|  | The contractor must develop a local process to reconsider and adjust the family cost share obligation based on extraordinary circumstances.Adjustments may be made to the ongoing assigned family monthly maximum payment and current or overdue family cost share obligation. Only the program director or designated administrator has authority to reconsider and adjust the family cost share obligation. The reconsideration may include an assessment of adjusted income, assigned family monthly maximum payment, or the parent's ability to pay the family cost share obligation in any particular month(s).Extraordinary circumstances that require an adjustment of the family cost share obligation are:* an increase or decrease in income;
* unexpected short-term medical expenses;
* unanticipated child care or respite expenses;
* change in family size;
* catastrophic loss such as from a fire, flood, or tornado;
* short-term financial hardship such as a major repair to the family home or car; or
* other extenuating circumstances for which the family requests an adjustment.
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| Child Information: Child’s name, child’s date of birth, case or other identification number. | Complete all information; case or other identification number may be used for local or TKIDS case ID. |

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| **Required Element** | **Instructions for Completing the Elements** |
| Description of Extraordinary Circumstances: Fully describe the extraordinary circumstances for which you are requesting an adjustment to your ongoing assigned family cost share amount, or current or overdue family cost share obligation. | Assist the parent in explaining why they need the program director or administrator to adjust their current or future family cost share obligations. |
| Attestation: The description of my extraordinary circumstances is true and accurate. I understand that this is a government record, and that misrepresentation or withholding of information may subject me to criminal and civil penalties and may result in the denial of services. | Make the parent reads the attestation statement before asking them to sign the document. |
| Parent signature: Parent’s signature, parent’s printed name, date. | Ask the parent to sign and print their name and indicate the date they are completing the form. |
| For program use only: Result of this request (amount and type of adjustment, effective date, etc.), program director or designee’s signature, program director or designee’s name, date | Program Director or designated administrator records the resolution of the request. The Director or designee must sign, print their name and indicate the date on which they are completing the form. |
| A signed copy, duplicate, or second original must be given to the parent. |
| File the original signed form in the child’s financial record. Financial records related to income and deductions are kept separate from the child’s other educational records. This form is not forwarded to a school district or other non-ECI service provider at any time unless requested by the family. This information is transferred to another Texas ECI program when the child is to receive services from another ECI program. Unless a longer period is required by state or federal law, child records are retained for seven years after the child has been dismissed from services. |

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| Early Childhood Intervention Services**Sample Family Cost Share Adjustment**  |
| Child’s name:      | Child’s date of birth:      | Case ID (optional):      |
| **Description of Extraordinary Circumstances**  |
| Fully describe the circumstances for which you are requesting an adjustment to your ongoing assigned family cost share amount or current or overdue family cost share obligation:       |
| **Confirmation**  |
| The description of my circumstances is true and accurate. I understand that this is a government record, and that misrepresenting or withholding information may subject me to criminal and civil penalties and may result in the denial of the services.    |
| Parent’s signature:**X**       | Parent’s printed name:      | Date:      |
| **For Program Use Only**  |
| Result of this request (amount and type of adjustment, effective date, etc.):      |
| Program director or designee’s signature:**X**       | Program director or designee’s name:      | Date:      |